

10/536545

PTO/SB/01 (04-05)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	S-8500 US (1)
First Named Inventor	Salvadori, Larry, et al.
COMPLETE IF KNOWN	
Application Number	10/536,545
Filing Date	8/20/2004
Art Unit	Unknown
Examiner Name	To Be Determined

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURGICAL INSTRUMENT

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **08/20/2004** as United States Application Number or PCT InternationalApplication Number **PCT/US2004/027011** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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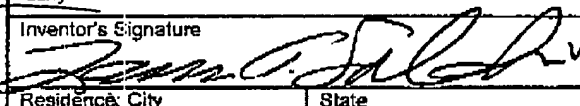
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PTO/SB/D1 (04-05)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Tyco Healthcare Group LP			
Address IP Legal Department, 15 Hampshire Street			
City Mansfield		State MA	ZIP 02048
Country United States of America	Telephone (508) 261-8513	Email iplegal@tycohealthcare.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any)) Larry		Family Name or Surname SALVADORI	
Inventor's Signature 		Date 10/18/05	
Residence: City San Diego	State CA	Country US	Citizenship United States
Mailing Address 11434 Duenda Road			
City San Diego	State CA	Zip 92127	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any)) Lee		Family Name or Surname GOUR	
Inventor's Signature		Date	
Residence: City La Mesa	State CA	Country US	Citizenship United States
Mailing Address 8739 Dallas Street			
City La Mesa	State CA	Zip 91942	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

(Page 2 of 2)

PTO/SB/01 (04-05)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input type="checkbox"/> The address associated with Customer Number.	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name Tyco Healthcare Group LP				
Address IP Legal Department, 15 Hampshire Street				
City Mansfield		State MA		ZIP 02048
Country United States of America		Telephone (508) 261-8513		Email lplegal@tycohealthcare.com
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: (first and middle (if any)) Larry			Family Name or Surname SALVADORI	
Inventor's Signature				Date
Residence: City San Diego		State CA		Country US
Citizenship United States				
Mailing Address 11434 Duenda Road				
City San Diego		State CA		Zip 92127
Country US				
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: (first and middle (if any)) Lea			Family Name or Surname GOUR	
Inventor's Signature <i>Lea Gour</i>				Date 10-24-05
Residence: City La Mesa		State CA		Country US
Citizenship United States				
Mailing Address 8739 Dallas Street				
City La Mesa		State CA		Zip 91942
Country US				
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

(Page 2 of 2)

PTO/SB/02A (09-04)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page _____ of _____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Martin W.		KERBER	
Inventor's Signature <i>Martin W Kerber</i>		Date 11/3/05	
Sanford	FL	US	United States
Residence: City	State	Country	Citizenship
301 Meadow Beauty Terrace			
Mailing Address			
Sanford	FL	32771	US
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0551-0035

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/536,545
Filing Date	8/20/2004
First Named Inventor	Salvadori, Larry, et al.
Title	SURGICAL INSTRUMENT
Art Unit	Unknown
Examiner Name	To Be Determined
Attorney Docket Number	S-8500 US (1)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name / Reg. No.	Name / Registration Number
Elizabeth A. O'Brien, Reg. No. 46,128	Edward S. Jarmolowicz, Reg. 47,238
Don Webber, Reg. No. 34,275	Stephen Faciszewski, Reg. 36,131
Douglas E. Denninger, Reg. No. 31,752	
William Dee, Reg. No. 46,657	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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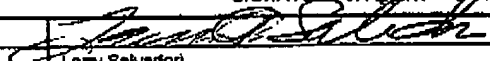
<input checked="" type="checkbox"/> Firm or Individual Name	Tyco Healthcare Group LP				
Address	1P Legal Department 15 Hampshire Street				
City	Mansfield	State	MA	Zip	02048
Country	United States of America				
Telephone	(508) 261-8000	Email	iplegal@tycohealthcare.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/18/05
Name	Larry Salvadori	Telephone	619-650-8882
Title and Company	Tyco Healthcare Group LP		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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and
CORRESPONDENCE ADDRESS
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Application Number	10/536,545
Filing Date	8/20/2004
First Named Inventor	Salvadori, Larry, et al.
Title	SURGICAL INSTRUMENT
Art Unit	Unknown
Examiner Name	To Be Determined
Attorney Docket Number	S-8500 US (1)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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OR

☒ Practitioner(s) named below:

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Don Webber, Reg. No. 34,275	Stephen Faciszewski, Reg. 36,131
Douglas E. Denninger, Reg. No. 31,752	
William Dee, Reg. No. 48,657	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Tyco Healthcare Group LP

Address

IP Legal Department
15 Hampshire Street

City

Mansfield

State

MA

Zip

02048

Country

United States of America

Telephone

(508) 261-8000

Email

iplegal@tycohealthcare.com

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Lee Gour

Date

10-24-05

Title and Company

Tyco Healthcare Group LP

Telephone

619-690-2585

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PTO/SB/81 (04-05)

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Art Unit	Unknown
Examiner Name	To Be Determined
Attorney Docket Number	S-8500 US (1)

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Dun Webber, Reg. No. 34,275	Stephen Faciszewski, Reg. 36,131
Douglas E. Denninger, Reg. No. 31,752	
William Dee, Reg. No. 46,657	

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<input checked="" type="checkbox"/> Firm or Individual Name	Tyco Healthcare Group LP			
Address	IP Legal Department 15 Hampshire Street			
City	Mansfield	State	MA	Zip 02048
Country	United States of America			
Telephone	(508) 261-8000	Email	llegal@tycohealthcare.com	

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Martin W. Kerber</i>	Date	11/3/05
Name	Martin W. Kerber	Telephone	386-738-8372
Title and Company	Dir. of Engineering Tyco Healthcare Group LP		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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